

SMOKING, ALCOHOL AND DRUG USE (F02)

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

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A2. CKiD STUDY VISIT #:

0 1 a

A3. FORM VERSION:

1 0 / 0 1 / 1 2

A4. DATE OF VISIT:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

This form is to be completed by children, 12 years old or older, who are enrolled in CKiD.

INTRODUCTION TO PARTICIPANT:

Thank you for participating in this study.

This questionnaire should take about 5 to 10 minutes. Please read each question carefully. Take as much time as you need to answer each question and be as accurate as possible. As with all study information, your answers will be kept private. No one will know who filled out the questionnaire, because there is only a code number at the top, not your name. Even your parents and your doctor will not see your answers. Please answer all questions honestly. Your answers are for research purposes only and may help doctors find better ways to treat children with kidney problems. If you have trouble reading or understanding a question, please ask the nurse/coordinator for assistance and she/he will be happy to help.

Questions begin on the next page. For each question, **FILL IN THE ANSWER** or **CIRCLE THE NUMBER** that best matches the answer. When you have completed the form, please return it to the nurse/coordinator.

SMOKING, ALCOHOL AND DRUG USE (F02)

SECTION B: CIGARETTE USE

The following are some personal questions about your cigarette use. Please circle the number that best matches your answer.

B1. Have you ever smoked a whole cigarette, cigar, cigarillo or little cigar?

Yes..... 1

No..... 2 **(Skip to C1)**

a. How old were you when you smoked a whole cigarette, cigar, cigarillo or little cigar for the first time?

___ ___ years of age

B2. Do you currently smoke cigarettes, cigars, cigarillos or little cigars?

Yes..... 1 **(Skip to B3)**

No..... 2

a. How old were you when you stopped smoking?

___ ___ years of age

b. While smoking, what was the average number of cigarettes, cigars, cigarillos or little cigars you smoked per week?

___ ___ ___ number of cigarettes, cigars, cigarillos or little cigars

(Skip to C1)

B3. What is the average number of cigarettes, cigars, cigarillos or little cigars you smoke per week?

___ ___ ___ number of cigarettes, cigars, cigarillos or little cigars

SECTION C: ALCOHOL USE

Please answer some more personal questions; these are about drinking alcohol. Remember your answers are confidential. In these questions drinking alcohol does not include a few sips of wine for religious purposes. Drinking alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For example, drinking alcohol includes drinking one bottle/can of beer, a glass of wine or a shot of rum.

C1. Have you ever had a drink of alcohol?

Yes..... 1

No..... 2 **(Skip to D1)**

SMOKING, ALCOHOL AND DRUG USE (F02)

C2. During your life, on how many occasions have you had at least one drink of alcohol?

___ ___ ___ times

C3. During the last 12 months, on how many occasions did you have at least one drink of alcohol?

___ ___ ___ times

C4. On a typical occasion during the past 12 months, how many alcoholic drinks did you have?

___ ___ drinks

SECTION D: DRUG USE

The following are personal questions about your use of street drugs to get high. Street drugs include marijuana, inhalants (i.e., glue, paint or aerosol spray cans) and ecstasy. Remember your answers will be kept private.

D1. During your life, have you ever used "street drugs"?

Yes..... 1

No..... 2 **(END FORM)**

D2. During your life, how many times have you used marijuana? Marijuana is also called grass, pot, weed, or chronic.

___ ___ ___ times

D3. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

___ ___ ___ times

D4. During your life, how many times have you used ecstasy (also called MDMA)?

___ ___ ___ times

THANK YOU FOR YOUR TIME AND EFFORT.